

TWIGS Kids Camp Registration Form 2022

TWIGS Kids Gymnastics, Swimming, & Cheer
1900 S. Alex Rd. West Carrollton, Ohio
937-866-8356 twigskids@aol.com www.twigskids.com
Sports Association, Inc d/b/a TWIGS Kids referred to herein as "TWIGS Kids"

The perfect camp for **ACTIVE** kids wanting to **MOVE** and **LEARN!**
Mondays– Fridays May 31st-August 19th (Closed Monday, July 4th)

Full Day Camp 7:30am-5:15pm Ages 5-13 years
\$250 / Week or \$55/ Day

Half Day Camp 9:00am-12:00pm or 1:00-4:00pm
\$125/ Week or \$30/ Day

***This registration form must be **completed in full prior to your child's attendance here** at camp as well as attached JFS 1234 form. If your child needs emergency medications left on site with them, we will also need JFS 1217 and JFS 1236 for each medication on site. Our office reserves the right to send this registration form back for completion and postpone participation. ***

BASIC INFORMATION: (More detailed information on the next pages)

Child's Name: _____ Age: _____ Sex: **M / F**

Date of Birth: _____ How did you hear about us? _____

My child has permission to swim during camp. **Y / N** My child can swim? **Y / N**

I give Twigs Kids permission to transport my child for the purposes of field trips(if we have any off-site). By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Reg approved by _____ | <input type="checkbox"/> Emergency Meds? Y or N |
| <input type="checkbox"/> Reg fee paid date: _____ | <input type="checkbox"/> What _____ |
| <input type="checkbox"/> In JR | <input type="checkbox"/> JFS 1217 |
| <input type="checkbox"/> Allergies? _____ | <input type="checkbox"/> JFS 1236 per medication |
| <input type="checkbox"/> <input type="checkbox"/> On allergies list | <input type="checkbox"/> BW sign |
| <input type="checkbox"/> Card on file | <input type="checkbox"/> Contacts/ dem/ emergency in JR |
| <input type="checkbox"/> Auto Charge List | |

TK POLICIES: Please initial each section individually, then sign and date after the final policy below.

_____ **CAMP REGISTRATION FEE:** I understand that there is a \$10 per child, non-refundable, Registration Fee if I sign up for camp before April 15th. While spots are available, if I sign up on or after April 16th there is a \$20 per child, non-refundable Registration Fee. Registration Fees need to be paid in advance to enroll my child. This fee is applied whether signing up for the whole summer or just one day.

_____ **TUITION:** I understand that tuition is paid in advance and is due on Monday of each week for the current week. If your child is only attending a few days out of the summer, tuition must be paid the morning of that camp day to participate in that day. Full Day Weekly tuition is \$250/ child. Full Day Daily Tuition is \$55/ child. Half Day Full Week Tuition is \$125 child and Half Day Daily Tuition is \$30/ child. Siblings will receive daily or weekly tuition discount 10% off. Once you pay for any 9 weeks **full** week tuition, you will receive the 10th, 11th, and 12th week 40% off. **NO Walk-In Tuition;** must register before the day of the event.

_____ **PHOTO/VIDEO RELEASE:** I understand and agree that photos/video taken of me or my child by Twigs may appear in advertisement publication and/or be available for resale.

_____ **CREDIT CARD ON FILE POLICY:** I understand that Twigs Kids **requires** a Credit/Debit Card to be kept on file while I am a member of Twigs Kids Summer Camp. I understand that if my tuition is not paid by Monday of every week attending, the card on file will be charged the full amount of tuition on Monday each week at 5:30 if not paid prior.

_____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** Twigs Kids Camp ends every day at 5:15pm, Monday-Friday all summer long. We do give a grace period for traffic until 5:30pm every day. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15.00 every day after the 5:30pm pickup. An additional late fee will be applied after 6:00pm.

_____ **ABSENCES/VACATIONS:** I agree to inform Twigs Kids immediately if my child will be absent on any day. My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days on weekly enrollments.

_____ **ILLNESS POLICY:** I understand and agree that it is my responsibility to hold my child out of camp if he/she has been diagnosed with any illness that can potentially be transmitted to others including, but not limited to, poison ivy, poison oak, pink eye, flu-like symptoms, etc. And it is my responsibility to inform Twigs Kids of such conditions including providing a doctors release if/when the contamination period has ended and my child is released from the care of his/her physician and may return to normal group activity. It is not Twigs Kids responsibility to attempt to medically diagnose such illnesses and will not be held responsible should a child be brought to Twigs Kids with such medical conditions.

_____ **ASSUMPTION OF RISK:** As a parent or legal guardian or having legal authority, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, swimming, and diving. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height or landing surface exists, the risk cannot be eliminated. In addition, swimming or activities in or around water can result in brain damage or drowning.

_____ **WAIVER OF LIABILITY:** I agree that I will indemnify and hold harmless TWIGS Kids, and its officers, directors, shareholders, employees and agents from all damages, costs, and attorney's fee arising from any claims by me or my child, or by any other person whether on their own behalf or by, through or on behalf of my child, relating to my child's participation in TWIGS Kids programs.

_____ **MEDICAL AUTHORIZATION:** Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as result of any injury sustained by me or my child while in attendance at or participating for TWIGS Kids. I understand that if my child is injured, TWIGS kids will first attempt to contact the parent(s) and then any other Contacts provided on the registration form. I understand that TWIGS Kids staff will defer to parents (or first available contact) in matters pertaining to medical treatment, including but not limited to calling 911 or other assistance in tending to my injured child. I understand that TWIGS Kids reserves the right to not treat or move an injured child if the staff decides said action might further injure the child. I hereby authorize the staff at TWIGS Kids to act according to the above policies and according to their best judgment in the event of a medical emergency.

_____ **DEVOTIONAL:** TWIGS was started in 1972 as TWIGS Christian Gymnastics Club and continued with the philosophy under which it was founded. This philosophy being a dedication to God with a belief in Jesus Christ as Lord and Savior. We would like to share a short age appropriate devotional time with the children who attend camp, however we want

to insure that parents/guardians are aware and in support of this short time being offered. Please initial so we know this devotional time has your support and approval.

_____ **CODE OF CONDUCT:** Anyone coming on TWIGS premises must follow its rules and directives. I understand that maintaining a positive learning environment depends on everyone abiding by the rules and directives of TWIGS and its staff, and avoiding any argumentative, derogatory, or disrespectful conduct. I understand and agree that as a condition of my child's participation in any TWIGS program, my child and all family members/guests are required to follow rules and directives from TWIGS and our staff. If there is a failure to comply with such rules or directives, I understand that my child and all family members/guests may be instructed to leave the premises, and may be permanently expelled and barred from the premises in TWIGS sole discretion. I understand that there will be no refund or other compensation if my child is either temporarily suspended or permanently expelled. I represent that I have notified TWIGS if I am aware of any reason that my child will have difficulty complying with this policy.

_____ **WEEKLY PARENT NEWSLETTERS:** Each week a newsletter of the themed activities and/or field trips will be emailed to all participants of that week's camp. Printed copies will also be available for pickup at the office upon request at the front office. I understand it is my responsibility to have an email on file or pick up the newsletter in person.

_____ **MASK REQUIREMENT:** TWIGS will be following any Mask Mandates at the time and we require your cooperation.

Parent/Guardian: _____ Date: _____

CAMP BEHAVIOR:

Our staff at TWIGS Kids would like your child to have the best experience possible here! Thus, all participants must understand and follow the company rules. These guidelines and expectations are in place to provide safety for both; your child and our staff. Please go over all information with your child and have them sign at the end of this section.

TWIGS General Rules for Kids

- 1. Listen and follow instruction from ALL staff members*
- 2. Stay in assigned group*
- 3. Be Kind*

Steps when staff experience any undesirable behavior:

Step 1: Staff will question whether or not the child knew the behavior was wrong. We will repeat the ruling and check for comprehension; we may ask for them to repeat back to us.

Step 2: 1 Verbal Warning with Exact Consequences. If child repeats the already discussed undesirable behavior that there will be a consequence; typically, a time out.

Step 3: Consequence: Time Out– the standard age-appropriate time out is for 1 min of the child's age; 7 years old= 7 minutes. Questioned for comprehension again to not repeat undesirable behavior, apology if necessary, and review to help each child take responsibility for their actions and emotions.

If the same or multiple different undesirable behavior continues and Time Outs don't seem to help the situation, then the child will be asked to leave for the remainder of the program's day and documentation will be kept on file. Notes will be sent home on behavior to keep communication with parents as problems arise. We may request a parent meeting as well. Probations, suspensions, and expulsion from the program can result from the child's behavior.

Behaviors that warrant IMMEDIATE dismissal from our Program:

- 1. Pure defiance– won't do anything that they are told or just saying "no" on simple tasks told to the group such as "line up" or "sit in a circle"*
- 2. Yelling, screaming, and fighting with teachers or other campers*
- 3. Hitting or pushing (not keeping hands/ body parts to themselves)*
- 4. Spitting or biting*
- 5. Foul language*

Thank you in advance for your cooperation! Thank You!

I have reviewed the discipline policy with my child.

Date: _____

Parents Signature: _____ Child's Signature _____

CAMP SCHEDULING FOR CHILD'S NAME: _____

My Child will be coming to Summer Camp the following **FULL WEEKS & FULL** days:

_____ Week 1: May 31-June 3(\$200)

_____ Week 7: July 11-15

_____ Week 2: June 6-10

_____ Week 8: July 18-22

_____ Week 3: June 13-17

_____ Week 9: July 25-29

_____ Week 4: June 20-24

_____ Week 10: August 1-5

_____ Week 5: June 27- July 1

_____ Week 11: August 8-12

_____ Week 6: July 5-8(\$200)

_____ Week 12: August 15-19

Please note: No credits are given for these days above. For planning purposes, please list any days you know in advance your child will be absent during a full week camp they are signed up for:

****If your child will be attending any certain DAYS throughout the summer, but not the full week OR any HALF days (AM or PM), please mark the days on the calendar below:****

June 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

July 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
3	4 CLOSED	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

Payment Method:

I would like my card on file to be charged on the Monday of each camp week my child is attending all or part of the week.

I will be coming in when I drop my child off in the morning each week to pay on Mondays.

I will be paying for the whole summer in advance.

* If your child is only attending a few days out of the summer, tuition must be paid the morning of that camp day to participate in that day or the card on file will be charged at the end of the camp day.

Parent/Guardian: _____ **Date:** _____